



## Limited Liability Release Form

Partial Release of All Claims

In consideration for being accepted by Centenary United Methodist Church of Winston Salem, NC for participation in the \_\_\_\_\_ being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child – participant if said child is not 21 years of age or older) do hereby grant limited release to, Centenary United Methodist Church in Winston Salem, NC and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant while participating in the above described trip or activity, other than as said liability may be subject to indemnity under available insurance covering Centenary United Methodist Church of Winston Salem, NC and/or its directors and/or agents.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent (s) or legal guardian (s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the primary responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

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\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Parent (s) Telephone/Emergency Number

Health Insurance \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number \_\_\_\_\_

\_\_\_\_\_  
Physician Name & Number \_\_\_\_\_

\_\_\_\_\_  
Any Health Concerns and/or Allergies:

(Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

\_\_\_\_\_  
Father Date

\_\_\_\_\_  
Mother Date

\_\_\_\_\_  
Participant, if age 21 Date

\_\_\_\_\_  
Birthday \_\_\_/\_\_\_/\_\_\_